CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0424	12	Davey Elem		21	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X.	X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are protective the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the aging Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been so of costs have be	they are alloon en treated as i een accounted	cated in indirect costs d for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			PO Box 1829		
Printed Name of A	uthorized Official		City	Zi	p Code
			Havre	59	9501
Title			Date		
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:
Арі	proved Rate for FY20	04	Date Approved		
		İ	Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0425	13	Box Elder Elem		21	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit vote submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the integration in the integral in the integ	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 205 City	Z	Zip Code
			Box Elder	5	9521
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins: PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501		Due May 31, 2004	
Legal Entity #	School Dist. #	School Name	County	Level
0426	G	Box Elder H S	21	HS
Proposed Restric	ted Indirect Cost Ra	te % (Roul	nd to nearest hundredth (X	.XX%) of a percent.)
	e submitted for the el	with one copy of each applementary and high school		
This is to certify tha knowledge and believed.		indirect cost rate proposal	submitted herewith and	to the best of my
allowable in accorda A-87, "Cost Principl	ance with the requiren es for State and Loca	stablish the final indirect connents of the Federal award I Governments." Unallowatermined Indirect Cost Alloc	(s) to which they apply a ble costs have been adj	and OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	between the expenses plicable requirements ned as direct costs. In ablic Instruction will be	properly allocable to Feder is incurred and the agreem Further, the same costs an addition, similar types of a notified of any accounting	ents to which they are all that have been treated a costs have been accoun	llocated in as indirect costs ted for consistently
	ct Superintendent o	r Board Stre	et Address or P.O. Bo	x
Printed Name of A	uthorized Official	City	205	Zip Code
		Box	Elder	59521
Title		Date	•	
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction		
ACCEPTED	AND APPROVED FO	OR THE SUPERINTENDE	NT OF PUBLIC INSTRU	JCTION BY:
Ар	proved Rate for FY2		e Approved	

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 Jelena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0427	16	Havre Elem		21	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.2	XX%) of a percent.)
	Complete and submit wo submitted for the electory oval of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be regoing is true and cor	incurred and the aging Further, the same of addition, similar type notified of any accounts.	eements to which osts that have been so of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			Box 7791		
Printed Name of A	uthorized Official		City	Z	Zip Code
			Havre	5	9501
Title			Date	1	
Send con	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
		•	Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0428	A	Havre H S		21	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corregoing is	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allowed they are allowed they are are accounted to the they are	ocated in indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 7791 City	Z	ip Code
			Havre	5	9501
Title			Date		
Send com	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
0445	57	Cottonwood Elem		21	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify tha knowledge and beli	t I have reviewed the in ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which to which to which to which to which the ward to ward the ward to which the ward to ward to ward the ward the ward to ward the ward the ward to ward the ward to ward the ward the ward the ward the ward to ward the ward to ward the ward	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allow treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address		
Printed Name of A	uthorized Official		14627 Wildhorse City		Zip Code
			Havre	5	95018067
Title			Date		
Send con	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
1207	87J	Rocky Boy Elem		21	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)
	Complete and submit we submitted for the electory of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply and ve been adjus	d OMB Circular
casual relationship is accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are protective the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the aging Further, the same of addition, similar type notified of any accounts.	reements to which osts that have been of costs have be	they are allooen treated as leen accounted	cated in indirect costs d for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			RR 1 Box 620		
Printed Name of A	uthorized Official		City	Zi	p Code
			Box Elder	59	9521
Title			Date		
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	IC INSTRUC	TION BY:
Ар	proved Rate for FY20	04	Date Approved		
		İ	Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
1208	88	K-G Elem		21	EL
Proposed Restric	ted Indirect Cost Ra	te%	(Round to nearest I	hundredth (X.	XX%) of a percent.)
	Complete and submit on the election of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the ef:	indirect cost rate prop	oosal submitted he	erewith and t	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to e ance with the requirer es for State and Loca n the attached Predet	ments of the Federal and I	award(s) to which allowable costs ha	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are between the expense plicable requirements ned as direct costs. In ablic Instruction will be regoing is true and co	s incurred and the ag . Further, the same of n addition, similar type e notified of any accor	reements to which costs that have been of costs have b	n they are alle en treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent o		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 250 City	2	Zip Code
			Gildford	5	59525
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	struction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	ENDENT OF PUB	LIC INSTRU	CTION BY:
Ар	proved Rate for FY2	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
1209	Н	K-G H S		21	HS
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)
	Complete and submit we submitted for the electory or your rate.				
This is to certify tha knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which to which to which to which to which to which to which the ward to which the whole which the which	they apply ar ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		Box 250 City	Z	Zip Code
			Gildford	5	9525
Title			Date	1	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
1217	89	Gildford Colony El	em	21	EL
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.2	XX%) of a percent.)
	Complete and submit vote submitted for the electrical of your rate.				
This is to certify that knowledge and believed.	t I have reviewed the i ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply a ve been adju	nd OMB Circular
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are potential between the expenses plicable requirements. In the das direct costs. In ablic Instruction will be regoing is true and corregoing is true and corrections.	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have beens of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		HCR 74 Box 6 City	Z	Zip Code
			Gildford	5	59525
Title			Date		
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction			
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	004	Date Approved		
			Signature		

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501		Due May 31	, 2004	
Legal Entity #	School Dist. #	School Name		County	Level
1220	K	Blue Sky K-12 Sch	ools	21	K12
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)
	Complete and submit we submitted for the electory or your rate.				
This is to certify tha knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply a ve been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allen treated as een account	ocated in s indirect costs ed for consistently
	ct Superintendent or		Street Address	or P.O. Box	
Printed Name of A	uthorized Official		PO Box 129 City	Z	Zip Code
			Rudyard	5	59540
Title			Date	l .	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
		,	Signature		

CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501		Due May 31,	2004	
Legal Entity #	School Dist. #	School Name		County	Level
1229	87L	Rocky Boy H S		21	HS
Proposed Rest	ricted Indirect Cost Rat	e% (Re	ound to nearest h	undredth (X.)	XX%) of a percent.)
application shou	 Complete and submit v d be submitted for the ele oproval of your rate. 				
This is to certify knowledge and b	that I have reviewed the integration	ndirect cost rate propos	al submitted her	ewith and to	o the best of my
allowable in acco	ided in this proposal to especially and the secondance with the requiremediples for State and Local din the attached Predete	nents of the Federal awa Governments." Unallo	ard(s) to which the wable costs hav	hey apply ar e been adju	nd OMB Circular
casual relationsh accordance with have not been cl and the Office of	ided in the proposal are p ip between the expenses applicable requirements. aimed as direct costs. In Public Instruction will be	s incurred and the agree Further, the same cos addition, similar types of	ments to which ts that have bee of costs have be	they are allon treated as en account	ocated in s indirect costs ed for consistently
I declare that the	ate.	•	ng changes mai	t would affe	ct the
I declare that the Signature of Dis		rect.	treet Address o		
I declare that the	ate. foregoing is true and cor	rect. Board S			
I declare that the Signature of Dis Chairperson	ate. foregoing is true and cor	rect. Board R	treet Address o	or P.O. Box	
I declare that the Signature of Dis Chairperson	ate. foregoing is true and constrict Superintendent or	rect. Board R C	treet Address o	or P.O. Box	
I declare that the Signature of Dis Chairperson	ate. foregoing is true and constrict Superintendent or	rect. Board R C	treet Address on R 1 Box 620 ity	or P.O. Box	Zip Code
I declare that the Signature of Dis Chairperson Printed Name of Title	ate. foregoing is true and constrict Superintendent or	Rect. Rect. Rect. Board Rect. B D and Budgeting truction	treet Address of R 1 Box 620 ity	or P.O. Box	Zip Code
I declare that the Signature of Dis Chairperson Printed Name of Title Send of Send o	foregoing is true and constrict Superintendent or f Authorized Official completed form to: School Accounting Office of Public Ins PO Box 202501	Rect. Rect. R C B D and Budgeting truction	treet Address of R 1 Box 620 ity ox Elder ate	or P.O. Box	Zip Code 59521
I declare that the Signature of Dis Chairperson Printed Name of Title Send of ACCEPT	completed form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	Prect. Board R C B D and Budgeting truction -2501 PR THE SUPERINTEND	treet Address of R 1 Box 620 ity ox Elder ate	or P.O. Box	Zip Code 59521